N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 21 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18781

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 617
City St. Joseph, (No. 1612 Savannah Avenue, St. Ward)

2. FULL NAME Henry Clinton Kirkpatrick,
(a) Residence, No. 1612 Savannah Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Kirkpatrick,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1851
7. AGE: YEARS 80 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
10. Date deceased last worked at this occupation (month and year) June 1922
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Ohio, 2

FATHER
13. NAME James Kirkpatrick,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Ohio,

MOTHER
15. MAIDEN NAME Rebecca Butler,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Ohio,

17. INFORMANT (ADDRESS) Mrs. H. C. Kirkpatrick 1612 Savannah Avenue,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem DATE June 27, 1932
19. UNDERTAKER (ADDRESS) Heaton-Bigole & Bowman 319 S. 10th St. Funeral Home
20. FILED JUN 27 1932 John R Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1932
22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to June 24, 1932
I last saw him alive on June 24, 1932 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Arteria Sclerosis General
97
160

Other contributory causes of importance: 97

age (1)

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Leroi Beck, M. D.
(Address) St. Joseph, Mo.